

JSA TUITION ASSISTANCE PROGRAM (TAP) REIMBURSEMENT REQUEST

HR Form 303.00 (TPO 6/06)

SECTION I: TAP Information and Release

Name: _____ MS# _____ Extension: _____ Date: _____ Grad Student? _____

Division: _____ Job Title: _____ Supervisor's Name: _____

Tuition Payments for: _____ (enter applicable semester, quarter, etc.)

Course #	Course Title	Cost
		\$
		\$
		\$
Total Tuition Payment Requested		\$

Non-tuition Payments	Cost
Qualifying fees:	\$
Books (if a course requirement):	\$
Other (if a course requirement): _____, _____, _____	\$
Total Non-tuition Payment Requested	\$
Total Payment Requested	\$

Attach:

1. copy of paid invoices and receipts
2. course document(s) indicating books/equipment are required
3. grade report
4. completed check disbursement form

I certify that this requested reimbursement does not include any benefits payable from other non-personal sources, including, but not limited to, veteran's benefits, scholarships, grants, or tuition discounts. I agree that, should I drop a course after the institution's drop/add period or receive a grade other than "Pass," "A," "B," or (undergraduate courses only) "C", I am personally liable for all costs related to that course.

Employee's Signature _____ Date _____

SECTION II: Training and Performance Review

Training and Performance Reviewer _____ Date _____

Comments: _____

SECTION III: Management Approval

- ☐ Approved
☐ Disapproved

COO or CSO Signature: _____ Date: _____

- ☐ Approved
☐ Disapproved

Division or Office Head Signature: _____ Date: _____